

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010639

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **43**

Primary Registration District No. **4057**

Registrar's No. **1482**

STATE FILE NUMBER

| | | | |
|--|---|--|---|
| FILED APR 9 1963 | | | |
| 1. PLACE OF DEATH a. COUNTY Butler | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Qulin | | Length of stay in 1b 2 weeks | c. CITY OR TOWN Qulin Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) RFD #2 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First LARRY Middle DALE Last MOORE | | 4. DATE OF DEATH Month March Day 30 Year 1963 | |
| 5. SEX male | 6. COLOR OR RACE white | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 3-14-1963 |
| 9. AGE (last birthday) Months 16 Days 16 Hours 16 Min. 16 | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | |
| 10b. KIND OF BUSINESS OR INDUSTRY none | | 11. BIRTHPLACE (City and state or country) Malden, Missouri | |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | 13a. FATHER'S NAME Floyd E. Moore | |
| 13b. MOTHER'S MAIDEN NAME Evelyn Cox | | 14. NAME OF HUSBAND OR WIFE none | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. [REDACTED] | |
| 17. INFORMANT Floyd E. Moore | | Address Qulin, Mo. RFD #2 | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UNKNOWN DUE TO (b) UNKNOWN DUE TO (c) UNKNOWN Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour 3:00 a.m. 3:00 p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION 3-14-63 to 3-15-63 and last saw him alive on 3-15-63 Death occurred at 3:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 21. I attended the deceased from 3-14-63 to 3-15-63 | | 22a. SIGNATURE [Signature] | |
| 22b. ADDRESS MAIDEN-MO | | 22c. DATE SIGNED 4-2-63 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 3-31-1963 | 23c. NAME OF CEMETERY OR CREMATORY Browns Chapel Cemetery | |
| 23d. LOCATION (City, town, or county) Broseley | | 23e. STATE Missouri | |
| 24. FUNERAL DIRECTOR Landess Funeral Home, Campbell, Mo. | | 25. DATE RECD. BY LOCAL REG. 4-4-1963 | |
| 26. REGISTRAR'S SIGNATURE [Signature] | | | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

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1290-2

131-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision. *(Not Embalmed)*

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.